



Alpharetta Recreation and Parks
1825 Old Milton Parkway
Alpharetta, GA 30004
Program Registration and Release Form

OFFICE USE ONLY

Receipt _____

Date Paid _____

Charge/Check # _____

Amount _____

Resident: YES _____ NO _____

Staff _____

PLEASE PRINT OR TYPE

Program No. _____ (2nd choice _____)

Program Name: _____ Days _____ Session: _____ Times: _____

Participant's Name: _____ Male: _____ Female: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Email: _____

Mother's Bus. Phone: _____ Father's Bus. Phone: _____

Birthdate (youth only): _____ Current Age: _____ Current Grade: _____

Parent/Guardian or Spouse: _____

Emergency Contact Name and Phone: _____

List any allergies/medical conditions: _____

Shirt size (circle one)	YS	YM	YL	AS	AM	AL	AXL	(not applicable for all programs)
Short size (circle one)	YS	YM	YL	AS	AM	AL	AXL	(not applicable for all programs)

MasterCard/Visa Card # _____ Exp. Date ____/____/____

I/We, the above Participant(s) and/or spouse and/or parents/guardians of the above Participant(s), do hereby consent to my/our/his/her participation in the above Program including all activities incidental to the Program. I/We assume all responsibilities for, and risk and hazards of, participation in the Program, including transportation to and from all activities in the Program. In consideration of being allowed to participate in the Program, I/We hereby release and forever discharge the City of Alpharetta, the City of Alpharetta Recreation and Parks Department, and their respective officials, officers, employees, sponsors, organizers, supervisors, volunteers, participants and agents, from any and all claims, actions or causes of action of whatever kind and nature, including claims for property damage, bodily injury or death, arising out of, or sustained as a result of, my/our/his/her participation in the Program and all activities incidental to the Program. I/We understand that no refunds will be issued other than as stated in Number 4 of the General Mail/Fax Registration Information below.

I hereby give the City of Alpharetta ("City") permission to take photographs of me or photographs in which I may be involved with others without compensation to me. These photographs may be used by the City for promotional and information purposes in print, on the City website and in other media.

Signature: _____ Date: _____
(Participant over the age of 18/Parent/Guardian)

General Mail In or Faxed In Registration Policies:

1. This process DOES NOT guarantee your spot in the program for which you are registering. Once ARPD Staff receives the information, it will be processed within 48 hours. Mail in and faxed in registration will not be processed on the first day of registration. After first day of registration, forms are processed on a first come, first serve basis.
2. Special requests will not be honored. Please list the Program No. of your 2nd class choice.
3. After the form has been processed, your copy and receipt will be mailed to you. Note: Insufficient Information and/or money could void the registration process.
4. Any participant may receive a refund of their registration fee minus a \$5.00 service charge if requested BEFORE the second class meeting. To request a refund, please call Administrative Office at 678-297-6100.

**WILLS PARK
REC CENTER**
678-297-6130
Fax 678-297-6131

**ALPHARETTA
COMMUNITY
CENTER**
678-297-6150
Fax 678-297-6151

**CRABAPPLE
GOV'T CENTER**
678-297-6160
Fax 678-297-6161